

ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

HealthPlus of Michigan, Inc.

NAIC Group Code	3409	,	0000	NAIC Company Code	95580	Employer's ID Number	38-2160688
	(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America						
Licensed as business type:	Life, Accident & Health[ ]		Property/Casualty[ ]		Hospital, Medical & Dental Service or Indemnity[ ]		
	Dental Service Corporation[ ]		Vision Service Corporation[ ]		Health Maintenance Organization[X]		
	Other[ ]		Is HMO Federally Qualified? Yes[X] No[ ]				
Date Incorporated or Organized	08/09/1977			Date Commenced Business	10/15/1979		
Statutory Home Office	2050 South Linden Road			Flint, MI 48532			
	(Street and Number)			(City, or Town, State and Zip Code)			
Main Administrative Office	2050 South Linden Road						
	Flint, MI 48532			(800)332-9161			
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	2050 South Linden Road, P.O. Box 1700			Flint, MI 48501-1700			
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)			
Primary Location of Books and Records	2050 South Linden Road						
	Flint, MI 48532			(800)332-9161			
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Internet Website Address	www.healthplus.com						
Statement Contact	Matthew Andrew Mendrygal, C.P.A.			(810)230-2179			
	(Name)			(Area Code)(Telephone Number)(Extension)			
	mmendrygal@healthplus.com			(810)230-2208			
	(E-Mail Address)			(Fax Number)			
Policyowner Relations Contact	2050 South Linden Road, P.O. Box 1700						
	Flint, MI 48501-1700			(800)332-9161			
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)(Extension)			

OFFICERS

President	Paul Alan Fuhs Ph.D.
Chief Financial Officer	Matthew Andrew Mendrygal C.P.A.
Treasurer	Christopher John Flores

VICE PRESIDENTS

Dan Ellis Champney Esq.	Bruce Robert Hill
Laraine Bernadette Yapo	Christine Marie Tomcala
David Paul Crosby	John Jacob Saalwaechter MD,MBA,CPE

DIRECTORS OR TRUSTEES

Jack Louis Barry MD	Vern Lee Burns
Harold Leslie Mallon DDS	Penelope Drake Pestronk
Gerald Edward Piesko DO	Dan Dean Sain
Peggy Joyce Tortorice	James Joseph Wascha Esq.
Ron Jason Haywood	James Michael Van Tiflin
Stephanie Lynn Whisiker-Lewis DO	Christopher John Flores
Patrick Allen Campbell	Larry Leigh Carr DO
Roger LaVerne Sharp	Robert John Roth #

State of	Michigan
County of	Genesee ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Paul Alan Fuhs	Matthew Andrew Mendrygal	Christopher John Flores
(Printed Name)	(Printed Name)	(Printed Name)
President	Chief Financial Officer	Treasurer

a. Is this an original filing?	Yes[X] No[ ]
b. If no,	1. State the amendment number
	2. Date filed
	3. Number of pages attached

Subscribed and sworn to before me this  
day of , 2003

(Notary Public Signature)

**EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....						
<b>Group Subscribers:</b>						
Federal Employees .....	369,831	27,104				396,935
State of Michigan .....	261,000					261,000
0299997 Subtotal - Group Subscribers: .....	630,831	27,104				657,935
0299998 Premium due and unpaid not individually listed .....	1,281,517					1,281,517
0299999 Total group .....	1,912,348	27,104				1,939,452
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 10) ..	1,912,348	27,104				1,939,452

**EXHIBIT 4 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Receivables not inidividually listed</b>						
Hurley Health System .....	771,195					771,195
Saginaw Cooperative Hospitals, Inc. ....				908,546	908,546	
Bay Health System .....	1,147,969					1,147,969
0499999 Total - Receivables not inidividually listed .....	1,389,064	564,942	111,413			2,065,419
0599999 Health care receivables .....	3,308,228	564,942	111,413	908,546	908,546	3,984,583

**EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)**  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	5,689,451	2,352,747	303,831	104,479	377,551	8,828,059
0499999 Subtotals .....	5,689,451	2,352,747	303,831	104,479	377,551	8,828,059
0599999 Unreported claims and other claim reserves .....						30,779,586
0699999 Total Amounts Withheld .....						6,105,598
0799999 Total Claims Payable .....						45,713,243
0899999 Accrued Medical Incentive Pool .....						4,602,444

**EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Individually listed receivables</b>							
HealthPlus Options, Inc. ....	69,314					69,314	
HGH, Inc. ....	185,896					185,896	
0199999 Total - Individually listed receivables .....	255,210					255,210	
0299999 Receivables not individually listed .....							
0399999 Total gross amounts receivable .....	255,210					255,210	

**EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually listed payables</b>				
HGH, Inc. ....	Medicaid premium and psychotropic drug payable .....	1,018,350	1,018,350	
0199999 Total - Individually listed payables .....	X X X .....	1,018,350	1,018,350	
0299999 Payables not individually listed .....	X X X .....			
0399999 Total gross payables .....	X X X .....	1,018,350	1,018,350	

**EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....						
2.	Intermediaries .....						
3.	All other providers .....	205,236,741	56.000	163,673	100.000		205,236,741
4.	Total capitation payments .....	205,236,741	56.000	163,673	100.000		205,236,741
<b>Other Payments:</b>							
5.	Fee-for-service .....			X X X	X X X		
6.	Contractual fee payments .....	161,257,439	44.000	X X X	X X X		161,257,439
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	161,257,439	44.000	X X X	X X X		161,257,439
13.	Total (Line 4 plus Line 12) .....	366,494,180	100.000	X X X	X X X		366,494,180

**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 .....			X X X .....	X X X .....	X X X .....

**EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	1,304,664	.....	856,077	448,587	.....	448,587
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	Total .....	1,304,664	.....	856,077	448,587	.....	448,587





**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:  
NAIC Group Code 3409      BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR      NAIC Company Code 95580

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....	159,145	400	88,753				1,398	2,337	59,252	7,005
2. First Quarter .....	163,378	510	91,714				1,871	2,794	59,113	7,376
3. Second Quarter .....	163,826	509	91,892				1,863	2,788	59,248	7,526
4. Third Quarter .....	164,367	505	91,939				1,899	2,813	59,574	7,637
5. Current Year .....	163,673	506	91,362				2,012	2,825	59,181	7,787
6. Current Year Member Months .....	1,962,261	5,994	1,099,055				22,813	33,626	710,393	90,380
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	530,932		376,725					15,214	108,507	30,486
8. Non-Physician .....	628,671		431,064					25,768	126,313	45,526
9. Total .....	1,159,603		807,789					40,982	234,820	76,012
10. Hospital Patient Days Incurred .....	75,960		29,653					5,697	24,851	15,759
11. Number of Inpatient Admissions .....	17,044		7,144					959	6,181	2,760
12. Premiums Collected .....	395,485,197	1,185,746	233,666,399				4,264,415	24,817,947	103,377,997	28,172,693
13. Premiums Earned .....	395,280,185	1,169,385	233,131,552				4,308,403	24,787,434	103,708,780	28,174,631
14. Amount Paid for Provision of Health Care Services .....	366,494,180	1,159,528	213,409,851				3,613,381	21,647,159	102,223,876	24,440,385
15. Amount of Incurred for Provision of Health Care Services .....	371,801,984	1,181,860	217,436,570				3,766,378	22,723,641	102,073,135	24,620,400

34 Grand Total



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:  
BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR  
NAIC Group Code 3409      NAIC Company Code 95580

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only				
<b>Total Members at end of:</b>										
1. Prior Year .....	159,145	400	88,753				1,398	2,337	59,252	7,005
2. First Quarter .....	163,378	510	91,714				1,871	2,794	59,113	7,376
3. Second Quarter .....	163,826	509	91,892				1,863	2,788	59,248	7,526
4. Third Quarter .....	164,367	505	91,939				1,899	2,813	59,574	7,637
5. Current Year .....	163,673	506	91,362				2,012	2,825	59,181	7,787
6. Current Year Member Months .....	1,962,261	5,994	1,099,055				22,813	33,626	710,393	90,380
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	530,932		376,725					15,214	108,507	30,486
8. Non-Physician .....	628,671		431,064					25,768	126,313	45,526
9. Total .....	1,159,603		807,789					40,982	234,820	76,012
10. Hospital Patient Days Incurred .....	75,960		29,653					5,697	24,851	15,759
11. Number of Inpatient Admissions .....	17,044		7,144					959	6,181	2,760
12. Premiums Collected .....	395,485,197	1,185,746	233,666,399				4,264,415	24,817,947	103,377,997	28,172,693
13. Premiums Earned .....	395,280,185	1,169,385	233,131,552				4,308,403	24,787,434	103,708,780	28,174,631
14. Amount Paid for Provision of Health Care Services .....	366,494,180	1,159,528	213,409,851				3,613,381	21,647,159	102,223,876	24,440,385
15. Amount of Incurred for Provision of Health Care Services .....	371,801,984	1,181,860	217,436,570				3,766,378	22,723,641	102,073,135	24,620,400

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	5,676,746
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10 .....	(439,631)
2.2	Totals, Part 3, Column 7 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13 .....	440,239
4.2	Totals, Part 3, Column 9 .....	
5.	Total profit (loss) on sales, Part 3, Column 14 .....	
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 11 .....	
6.2	Totals, Part 3, Column 8 .....	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12 .....	
8.	Book/adjusted carrying value at the end of current period .....	5,677,354
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	5,677,354
11.	Total nonadmitted amounts .....	
12.	Statement value, current period (Page 2, real estate lines, current period) .....	5,677,354

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period .....	

NONE

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	1,429,509
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	1,000,000
2.2	Additional investment made after acquisitions .....	1,000,000
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	(915,901)
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	1,513,608
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	1,513,608
12.	Total nonadmitted amounts .....	1,097,988
13.	Statement value of long-term invested assets at end of current period .....	415,620

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Class 1	1,000,310					1,000,310	13.75			1,000,310	
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	1,000,310					1,000,310	13.75			1,000,310	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUARANTEED, SCHEDULES D & DA (Group 5)											
5.1	Class 1	136,427	619,724				756,151	10.39	247,257	0.76	756,151	
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS	136,427	619,724				756,151	10.39	247,257	0.76	756,151	

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1	Class 1 .....											
6.2	Class 2 .....											
6.3	Class 3 .....											
6.4	Class 4 .....											
6.5	Class 5 .....											
6.6	Class 6 .....											
6.7	TOTALS .....											
7.	INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1	Class 1 .....	3,249,890	754,289	992,163	261,395		5,257,737	72.27	32,155,531	99.24	5,257,737	
7.2	Class 2 .....			260,612			260,612	3.58			260,612	
7.3	Class 3 .....											
7.4	Class 4 .....											
7.5	Class 5 .....											
7.6	Class 6 .....											
7.7	TOTALS .....	3,249,890	754,289	1,252,775	261,395		5,518,349	75.86	32,155,531	99.24	5,518,349	
8.	CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1	Class 1 .....											
8.2	Class 2 .....											
8.3	Class 3 .....											
8.4	Class 4 .....											
8.5	Class 5 .....											
8.6	Class 6 .....											
8.7	TOTALS .....											
9.	PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1	Class 1 .....											
9.2	Class 2 .....											
9.3	Class 3 .....											
9.4	Class 4 .....											
9.5	Class 5 .....											
9.6	Class 6 .....											
9.7	TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations**

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR											
10.1 Class 1	4,386,627	1,374,013	992,163	261,395		7,014,198	96.42	X X X	X X X	7,014,198	
10.2 Class 2			260,612			260,612	3.58	X X X	X X X	260,612	
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS	4,386,627	1,374,013	1,252,775	261,395		(b) 7,274,810	100.00	X X X	X X X	7,274,810	
10.8 Line 10.7 as a % of Column 6	60.30	18.89	17.22	3.59		100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1	25,028,103	5,855,919	1,256,803	261,963		X X X	X X X	32,402,788	100.00	32,402,788	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	25,028,103	5,855,919	1,256,803	261,963		X X X	X X X	(b) 32,402,788	100.00	32,402,788	
11.8 Line 11.7 as a % of Col. 8	77.24	18.07	3.88	0.81		X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1	4,386,628	1,374,012	992,163	261,395		7,014,198	96.42	32,402,788	100.00	7,014,198	X X X
12.2 Class 2			260,612			260,612	3.58			260,612	X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS	4,386,628	1,374,012	1,252,775	261,395		7,274,810	100.00	32,402,788	100.00	7,274,810	X X X
12.8 Line 12.7 as a % of Col. 6	60.30	18.89	17.22	3.59		100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	60.30	18.89	17.22	3.59		100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$..... current year, \$..... prior year of bonds with 5\* designations and \$..... current year, \$..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Issuer Obligations .....	1,000,310					1,000,310	13.75			1,000,310	
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
1.7	TOTALS .....	1,000,310					1,000,310	13.75			1,000,310	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Issuer Obligations .....											
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
2.3	Defined .....											
2.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
2.5	Defined .....											
2.6	Other .....											
2.7	TOTALS .....											
3.	STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Issuer Obligations .....											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
3.3	Defined .....											
3.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
3.5	Defined .....											
3.6	Other .....											
3.7	TOTALS .....											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Issuer Obligations .....											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
4.3	Defined .....											
4.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
4.5	Defined .....											
4.6	Other .....											
4.7	TOTALS .....											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1	Issuer Obligations .....											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
5.3	Defined .....	136,427	619,724				756,151	10.39	247,257	0.76	756,151	
5.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
5.5	Defined .....											
5.6	Other .....											
5.7	TOTALS .....	136,427	619,724				756,151	10.39	247,257	0.76	756,151	

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations .....											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
6.3 Defined .....											
6.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
6.5 Defined .....											
6.6 Other .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations .....	3,249,890	754,289	1,252,775	261,395		5,518,349	75.86	32,155,531	99.24	5,518,348	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
7.3 Defined .....											
7.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
7.5 Defined .....											
7.6 Other .....											
7.7 TOTALS .....	3,249,890	754,289	1,252,775	261,395		5,518,349	75.86	32,155,531	99.24	5,518,348	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations .....											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
9.3 Defined .....											
9.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
9.5 Defined .....											
9.6 Other .....											
9.7 TOTALS .....											



**SCHEDULE D - PART 1A - SECTION 2 (continued)**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10.	TOTAL BONDS CURRENT YEAR											
10.1	Issuer Obligations .....	4,250,200	754,289	1,252,775	261,395		6,518,659	89.61	X X X	X X X	6,518,658	
10.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....								X X X	X X X		
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
10.3	Defined .....	136,427	619,724				756,151	10.39	X X X	X X X	756,151	
10.4	Other .....								X X X	X X X		
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
10.5	Defined .....								X X X	X X X		
10.6	Other .....								X X X	X X X		
10.7	TOTALS .....	4,386,627	1,374,013	1,252,775	261,395		7,274,810	100.00	X X X	X X X	7,274,809	
10.8	Line 10.7 as a % of Column 6 .....	60.30	18.89	17.22	3.59		100.00	X X X	X X X	X X X	100.00	
11.	TOTAL BONDS PRIOR YEAR											
11.1	Issuer Obligations .....	24,943,747	5,693,018	1,256,803	261,963		X X X	X X X	32,155,531	99.24	32,155,531	
11.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....						X X X	X X X				
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
11.3	Defined .....	84,356	162,901				X X X	X X X	247,257	0.76	247,257	
11.4	Other .....						X X X	X X X				
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
11.5	Defined .....						X X X	X X X				
11.6	Other .....						X X X	X X X				
11.7	TOTALS .....	25,028,103	5,855,919	1,256,803	261,963		X X X	X X X	32,402,788	100.00	32,402,788	
11.8	Line 11.7 as a % of Column 8 .....	77.24	18.07	3.88	0.81		X X X	X X X	100.00	X X X	100.00	
12.	TOTAL PUBLICLY TRADED BONDS											
12.1	Issuer Obligations .....	4,250,200	754,289	1,252,775	261,395		6,518,659	89.61	32,155,531	99.24	6,518,659	X X X
12.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											X X X
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
12.3	Defined .....	136,427	619,724				756,151	10.39	247,257	0.76	756,151	X X X
12.4	Other .....											X X X
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
12.5	Defined .....											X X X
12.6	Other .....											X X X
12.7	TOTALS .....	4,386,627	1,374,013	1,252,775	261,395		7,274,810	100.00	32,402,788	100.00	7,274,810	X X X
12.8	Line 12.7 as a % of Column 6 .....	60.30	18.89	17.22	3.59		100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Column 6, Section 10 .....	60.30	18.89	17.22	3.59		100.00	X X X	X X X	X X X	100.00	X X X
13.	TOTAL PRIVATELY PLACED BONDS											
13.1	Issuer Obligations .....										X X X	
13.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....										X X X	
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
13.3	Defined .....										X X X	
13.4	Other .....										X X X	
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
13.5	Defined .....										X X X	
13.6	Other .....										X X X	
13.7	TOTALS .....										X X X	
13.8	Line 13.7 as a % of Column 6 .....							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Column 6, Section 10 .....							X X X	X X X	X X X	X X X	

**SCHEDULE DA - PART 2**  
**Verification of SHORT-TERM INVESTMENTS Between Years**

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year .....	24,943,747	24,943,747			
2.	Cost of short-term investments acquired .....	32,445,520	8,105,513		24,340,007	
3.	Increase (decrease) by adjustment .....					
4.	Increase (decrease) by foreign exchange adjustment .....					
5.	Total profit (loss) on disposal of short-term investments .....					
6.	Consideration received on disposal of short-term investments .....	32,048,950	29,048,950		3,000,000	
7.	Book/adjusted carrying value, current year .....	25,340,317	4,000,310		21,340,007	
8.	Total valuation allowance .....					
9.	Subtotal (Lines 7 plus 8) .....	25,340,317	4,000,310		21,340,007	
10.	Total nonadmitted amounts .....					
11.	Statement value (Lines 9 minus 10) .....	25,340,317	4,000,310		21,340,007	
12.	Income collected during year .....	471,395	42,941		428,454	
13.	Income earned during year .....	472,025	43,571		428,454	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

**44      Schedule DB Part A Verification - ..... NONE**

**44      Schedule DB Part B Verification - ..... NONE**

**45      Schedule DB Part C Verification - ..... NONE**

**45      Schedule DB Part D Verification - ..... NONE**

**45      Schedule DB Part E Verification - ..... NONE**

**46      Schedule DB Part F Sn 1 - Sum Replicated Assets - ..... NONE**

**47      Schedule DB Part F Sn 2 - Recon Replicated Assets - ..... NONE**

**48      Schedule S - Part 1 - Section 2 - ..... NONE**

**49      Schedule S - Part 2 - ..... NONE**

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Affiliates</b>												
66346 .....	58-0828824 ...	10/01/2002	MUNICH AMERICAN REASSURANCE CO .....	ATLANTA, GEORGIA .....	SSL/L .....	..... 105,391	.....	.....	.....	.....	.....	.....
0199999 Total - Affiliates .....						..... 105,391	.....	.....	.....	.....	.....	.....
0399999 Totals .....						..... 105,391	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 4**  
**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	82	78	64	77	69
2. Title XVIII-Medicare .....	2	2	1	1	3
3. Title XIX - Medicaid .....	21	53	46	104	48
4. Commissions and reinsurance expense allowance .....					
5. Total medical and hospital expenses .....					
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....					
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

**SCHEDULE S - PART 6**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9) .....	74,808,105		74,808,105
2. Amounts recoverable from reinsurers (Line 12) .....			
3. Accident and health premiums due and unpaid (Line 10) .....	1,939,452		1,939,452
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	5,627,532		5,627,532
6. Total assets (Line 23) .....	82,375,089		82,375,089
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	45,713,243		45,713,243
8. Accrued medical incentive pool and bonus payments (Line 2) .....	4,602,444		4,602,444
9. Premiums received in advance (Line 6) .....	2,692,622		2,692,622
10. Reinsurance in unauthorized companies (Line 14) .....			
11. All other liabilities (Balance) .....	4,449,994		4,449,994
12. Total liabilities (Line 18) .....	57,458,303		57,458,303
13. Total capital and surplus (Line 26) .....	24,916,786	X X X	24,916,786
14. Total liabilities, capital and surplus (Line 27) .....	82,375,089		82,375,089
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....			
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....			
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....			

**SCHEDULE Y (continued)**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	.. 38-3246232 ..	HGH, Inc. ....	.....	.....	.....	.....	.... (6,742,267)	.....	.....	.....	.... (6,742,267)	.....
.....	.. 38-2883315 ..	HealthPlus Options, Inc. ....	.....	.....	.....	.....	.... (2,087,573)	.....	.....	.....	.... (2,087,573)	.....
.....	.. 38-2160688 ..	HealthPlus of Michigan, Inc. ....	.....	.....	.....	.....	.... 8,829,840	.....	.....	.....	.... 8,829,840	.....
9999999 Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:



## SUPPLEMENTAL EXHIBITS AND SCHEDULES

### INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

## MARCH FILING

1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will an actuarial certification be filed by March 1?
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?
6. Will the SVO Compliance Certification be filed by March 1?

## Response

No  
No  
Yes  
Yes  
Yes  
No

## APRIL FILING

7. Will Management's Discussion and Analysis be filed by April 1?
8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?
9. Will the Investment Risks Interrogatories be filed by April 1?

Yes  
No  
Yes

## JUNE FILING

10. Will an audited financial report be filed by June 1 with the state of domicile?

Yes

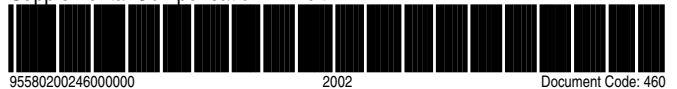
Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



Supplemental Compensation Exhibit



## SVO Compliance Certification



LTC Experience Reporting Form C



**OVERFLOW PAGE FOR WRITE-INS**

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 3 - ANALYSIS OF EXPENSES**

	1 Claim Adjustment Expenses	2 General Administrative Expenses	3 Investment Expenses	4 Total
2504. Office Supplies .....	.....	227,725	.....	227,725
2505. Meetings .....	.....	71,155	.....	71,155
2506. Minor Assets .....	.....	23,398	.....	23,398
2507. Maintenance Agreements .....	.....	63,006	.....	63,006
2508. Other Professional Services .....	.....	105,697	.....	105,697
2509. Employee Relations .....	.....	102,058	.....	102,058
2510. Public Relations .....	.....	155,131	.....	155,131
2511. Member Education .....	.....	206,333	.....	206,333
2512. Charitable Contributions .....	.....	215,005	.....	215,005
2513. Computer Supplies .....	.....	158,288	.....	158,288
2514. Software Support .....	.....	867,856	.....	867,856
2515. Hardware Support .....	.....	69,022	.....	69,022
2516. Affiliates Administrative Allocation .....	.....	(2,087,573)	.....	(2,087,573)
2517. Medical Chart Copying .....	.....	2,779	.....	2,779
2518. Interest Expense .....	.....	12,063	.....	12,063
2519. Prior-Year Administrative Adjustments .....	.....	(1,510)	.....	(1,510)
2520. Broker Commission .....	.....	603,253	.....	603,253
2521. Physician Relations .....	.....	42,652	.....	42,652
2522. Miscellaneous .....	.....	5,919	.....	5,919
2597. Summary of overflow write-ins for Line 25 .....	.....	842,257	.....	842,257

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**FOR THE STATE OF MICHIGAN**



NAIC Group Code: 3409  
Address (City, State and Zip Code): Flint, MI 48532  
Person Completing This Exhibit:

NAIC Company Code: 95580

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1999				Policies Issued in 2000, 2001, 2002			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 42 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

MS Michigan

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